

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:



ATTORNEY'S DOCKET NO
IH1213 (US)

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HAZARD COMMUNICATION SYSTEM the specification of which is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Priority
Not Claimed

PRIOR FOREIGN APPLICATION(S)

APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	<input type="checkbox"/>
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

APPLICATION SERIAL NO.	FILING DATE
60/085,110	05/12/98
APPLICATION SERIAL NO.	FILING DATE

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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

NAME Todd F. Volyn	ATTORNEY/AGENT Attorney	REGISTRATION NUMBER 37,463	TELEPHONE NUMBER (713) 241-1194
NAME Dean F. Vance	ATTORNEY/AGENT Attorney	REGISTRATION NUMBER 27,603	TELEPHONE NUMBER (713) 241-3716

Revised June 1995

SEND CORRESPONDENCE TO:

(NAME) Todd F. Volyn
c/o Shell Oil Company
Intellectual Property
P.O. Box 2463
Houston, TX 77252-2463

**DECLARATION AND POW^O OF
ATTORNEY FOR PATENT APPLICATION**

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FULL NAME OF JOINT INVENTOR (given name, family name)

Joe Wix

JOINT INVENTOR'S SIGNATURE

DATE SIGNED

05/18/1999

CITIZENSHIP

United States

RESIDENCE

1711 Bright Lake Way, Missouri City, Texas 77459

POST OFFICE ADDRESS

1711 Bright Lake Way, Missouri City, Texas 77459

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

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NAME	ATTORNEY/AGENT	REGISTRATION NUMBER	TELEPHONE NUMBER
Todd F. Volyn	Attorney	37,463	(713) 241-1194
Dean F. Vance	ATTORNEY/AGENT Attorney	REGISTRATION NUMBER 27,603	TELEPHONE NUMBER (713) 241-3716

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FULL NAME OF JOINT INVENTOR (given name, family name)

Barbara A. Stevens

JOINT INVENTOR'S SIGNATURE

Barbara A. Stevens

DATE SIGNED

RESIDENCE

1706 Chestnut Grove Lane, Kingwood, Texas 77345

CITIZENSHIP

United States

POST OFFICE ADDRESS

1706 Chestnut Grove Lane, Kingwood, Texas 77345

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FIFTH JOINT INVENTOR, IF ANY (given name, family name)

FIFTH INVENTOR'S SIGNATURE

DATE SIGNED

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FULL NAME OF JOINT INVENTOR (given name, family name)

Edmund L. Dickson

JOINT INVENTOR'S SIGNATURE

DATE SIGNED

May 5, 1999

RESIDENCE

9004 Canberra Drive, Sacramento, California 95826

CITIZENSHIP

United States

POST OFFICE ADDRESS

9004 Canberra Drive, Sacramento, California 95826

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FIFTH JOINT INVENTOR, IF ANY (given name, family name)

FIFTH INVENTOR'S SIGNATURE

DATE SIGNED

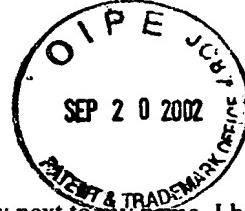
RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

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Priority
Not Claimed

APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	Priority Not Claimed
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Revised June 1995

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FULL NAME OF JOINT INVENTOR (given name, family name)

Matthew C. Finkelstein

JOINT INVENTOR'S SIGNATURE

DATE SIGNED

4/12/99

RESIDENCE

4517½ MacArthur Blvd., NW, Washington, DC 20007

CITIZENSHIP

United States

POST OFFICE ADDRESS

4517½ MacArthur Blvd., NW, Washington, DC 20007

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FIFTH JOINT INVENTOR, IF ANY (given name, family name)

FIFTH INVENTOR'S SIGNATURE

DATE SIGNED

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FULL NAME OF JOINT INVENTOR (given name, family name)

David A. Cogar

JOINT INVENTOR'S SIGNATURE

DATE SIGNED

4/12/99

RESIDENCE

300 S. West Street, Falls Church, Virginia 22046

CITIZENSHIP

United States

POST OFFICE ADDRESS

300 S. West Street, Falls Church, Virginia 22046

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

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RESIDENCE

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FULL NAME OF JOINT INVENTOR (given name, family name)

Gertrude Companion

JOINT INVENTOR'S SIGNATURE

Gertrude Companion

DATE SIGNED

5/13/99

CITIZENSHIP

RESIDENCE

14302 Carolcrest, Houston, Texas 77079

United States

POST OFFICE ADDRESS

14302 Carolcrest, Houston, Texas 77079

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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States, listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

APPLICATION SERIAL NO.	FILING DATE	STATUS-PATENTED, PENDING, ABANDONED
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

NAME Todd F. Volyn	ATTORNEY/AGENT Attorney	REGISTRATION NUMBER 37,463	TELEPHONE NUMBER (713) 241-1194
NAME Dean F. Vance	ATTORNEY/AGENT Attorney	REGISTRATION NUMBER 27,603	TELEPHONE NUMBER (713) 241-3716

Revised June 1995

SEND CORRESPONDENCE TO:

(NAME) Todd F. Volyn
 c/o Shell Oil Company
 Intellectual Property
 P.O. Box 2463
 Houston, TX 77252-2463

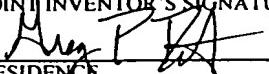
ATTORNEY'S FILE NUMBER
TH1213 (US)**DECLARATION AND POWER OF
ATTORNEY FOR PATENT APPLICATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF JOINT INVENTOR (given name, family name)

Greg P. Dietz

JOINT INVENTOR'S SIGNATURE



DATE SIGNED

5/10/99

CITIZENSHIP

RESIDENCE

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CITIZENSHIP

United States

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1857 Old Meadow Road, #101, McLean, Virginia 22101

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FIFTH JOINT INVENTOR, IF ANY (given name, family name)

FIFTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

**DECLARATION AND POWER OF
ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled HAZARD COMMUNICATION SYSTEM the specification of which is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

 Priority
Not Claimed

APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

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60/085,110	05/12/98
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NAME	ATTORNEY/AGENT	REGISTRATION NUMBER	TELEPHONE NUMBER
Todd F. Volyn	Attorney	37,463	(713) 241-1194
NAME Dean F. Vance	ATTORNEY/AGENT Attorney	REGISTRATION NUMBER 27,603	TELEPHONE NUMBER (713) 241-3716

Revised June 1995

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 Intellectual Property
 P.O. Box 2463
 Houston, TX 77252-2463

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FULL NAME OF JOINT INVENTOR (given name, family name)

Patsy Mask HILL

JOINT INVENTOR'S SIGNATURE

Patsy Mask Hill

DATE SIGNED

May 25, 1999

CITIZENSHIP

RESIDENCE

3107 Little Bear Drive, Kingwood, Texas 77339

United States

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3107 Little Bear Drive, Kingwood, Texas 77339

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

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**DECLARATION AND POWER OF
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PRIOR FOREIGN APPLICATION(S)

Priority
Not Claimed

APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	<input type="checkbox"/>
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FULL NAME OF JOINT INVENTOR (given name, family name)

Janice Lynn Farmer

JOINT INVENTOR'S SIGNATURE

Janice Lynn Farmer

DATE SIGNED

CITIZENSHIP

RESIDENCE

8022 Pine Green Lane, Humble, Texas 77346**United States**

POST OFFICE ADDRESS

8022 Pine Green Lane, Humble, Texas 77346

FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)

SECOND INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)

THIRD INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)

FOURTH INVENTOR'S SIGNATURE

DATE SIGNED

RESIDENCE

CITIZENSHIP

POST OFFICE ADDRESS